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23117 7590 06/16/2004

NIXON & VANDERHYE, PC  
1100 N GLEBE ROAD  
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ARLINGTON, VA 22201-4714



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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/668,233	09/24/2003	Hiroki Ishida	2018-779	2058

TITLE OF INVENTION: FUEL INJECTION PUMP HAVING HYDRAULIC TIMER MECHANISM AND LOAD TIMER MECHANISM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MILLER, CARL STUART	3747	123-502000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

NIXON &amp; VANDERHYE P.C.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DENSO CORPORATION

Kariya-city, Aichi-pref., Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 4

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☒ A check in the amount of the fee(s) is enclosed. \$1642.00☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Larry S. Nixon, Reg. No. 25,640 July 20, 2004

07/21/2004 EAREGAY2 00000037 10668233

01 FC:1501  
02 FC:1504  
03 FC:8001

1330.00 OP  
300.00 OP  
12.00 OP

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